IPDR6702				NORTH CAROLINA		PAGE	: 1	
	08/08/2005		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGE	: 1	
				HECKWRITE DATE: 08/09/2005				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	THOVEDEN MEET				Daving	DUITING	111111111111111111111111111111111111111	11112
3404901	SMOKY MOUNTAINM	8518	14	CLAIM DENIED, SUBMITTED BEYOND				
	H/DD/SAS			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	9	DETAIL NOT COVERED BY COMBINAT		26	51	25
				ION OF RECIPIENT, PROVIDER AND		20	31	- 23
				BENEFIT PACKAGE.				
		191	3	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
	-	0	0					
	+	0	U		0	0	1	1
	+	+		+				
3404910	PATHWAYS	8621	22	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
	-	8599	16	DETAIL NOT COVERED BY COMBINAT			_	_
		0.333	10	ION OF RECIPIENT, PROVIDER AND	14	61	781	720
		+		BENEFIT PACKAGE.				
		8934	12	CDTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	143	137	CLIENT ID NUMBER NOT ON STATE				
	ENTAL HEALT			ELIGIBILITY FILE				
		8931	121	AMTNC INELIGIBLE TO RECEIVE SE	123	355	3746	3391
				RVICES IN IPRS.				
				+				
		8599	84	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913		11	200	CLIENT NOT ELIGIBLE ON SERVICE				
3404913	MECKLENBURG COM	11	266	DATE				
	ENTAL HEALT			MAAAM				
		8599	116	DETAIL NOT COVERED BY COMBINAT	33	539	1841	1302
				ION OF RECIPIENT, PROVIDER AND				
		+	1	BENEFIT PACKAGE.	_			
		191	61	CLIENT ID NUMBER DOES NOT MATC				
		+		H PATIENT NAME				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL	+	1		_			
	+	+		+				
		0	0	+	0	n	0	
						Ü		i i
3404917	CENTERPOINT HUM	21	396	DUPLICATE OF CLAIM-SYSTEM				
	AN SERVICES	1						
	+	+		+				
		8599	139	DETAIL NOT COVERED BY COMBINAT	35	804	4910	4106
		İ.,		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	84	CLIENT MOT ELICIBLE ON SERVICE				
	+	*1	04	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		+	1		_			
		+		+				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT	İ.,						
		0	0					
		0	0		0	0	0	(

PROVIDER NUMBER								
		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
-	DROUTERR MANE	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	86	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
	III IIIIIIII			BENEFIT PACKAGE.				
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE	38	175	2984	280
				RVICES IN IPRS.				
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	11	68	CLIENT NOT ELIGIBLE ON SERVICE				
	L AREA MH D			DATE				
		0	0					
		U	U		0	68	68	- 1
3404921		8599	124	DETAIL NOT COVERED BY COMBINAT				
3404321	ORANGE PERSON C	0000		ION OF RECIPIENT, PROVIDER AND				
	HATHAM AREA			BENEFIT PACKAGE.				
		10	75	DIAGNOSIS OR SERVICE INVALID F	48	364	3399	303
		1		OR CLIENT AGE. VERIFY CID,	40	304	2339	303.
		1		DIAGNOSIS, PROCEDURE CODE FOR	1			
		21	53	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	8599	448	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	46	CLAIM DENIED ATTENDING PROVIDE	0	592	5643	5051
				R CANNOT BE THE SAME AS				
				THE LMA				
		1.1	40	OLITHUR WORLD TOTAL ON ORDUTOR				
		11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404923		120	2915	CLIENT ID NUMBER MISSING OR IN				
3404923	FIVE COUNTY MH	120	2913	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		21	51	DUPLICATE OF CLAIM-SYSTEM		3066	4868	1802
						3000	4000	1002
			F.0.	DETAIL NOT COVERED BY COMBINAT				
		8599	50					
		8599	50					
		8599	50	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8599	50	ION OF RECIPIENT, PROVIDER AND				
3404925	SANDHILLS CENTE	21	7830	ION OF RECIPIENT, PROVIDER AND				
3404925	SANDHILLS CENTE R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925				ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN	20	9336	18200	8864
3404925		21	7830	ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	20	9336	18200	8864
3404925		21	7830	ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN	20	9336	18200	8864
3404925		21	7830	ION OF PECIFIENT, PROVIDER AND BENEIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM	20	9336	18200	8864
3404925		21	7830	ION OF PECIFIENT, PROVIDER AND BENETIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE	20	9336	18200	8864
3404925		21	7830	ION OF PECIFIENT, PROVIDER AND BENEIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM	20	9336	18200	8864
3404925		21	7830	ION OF PECIFIENT, PROVIDER AND BENETIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE	20	9336	18200	8864
	R FOR MSI/DD	120	7830 586	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE	20	9336	18200	8864
3404925	R FOR MM/DD	21	7830	ION OF PECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT	20	9336	18200	8864
	R FOR MSI/DD	120	7830 586	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE BATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	20	9336	18200	8864
	R FOR MM/DD	120	7830 586	ION OF PECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT	20	9336	18200	8864
	R FOR MM/DD	120 120 11 11	7830 586 380	ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	R FOR MM/DD	120	7830 586	ION OF PECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	20	9336	18200	
	R FOR MM/DD	120 120 11 11	7830 586 380	ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	R FOR MM/DD	120 120 11 11	7830 586 380	ION OF PECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				
	R FOR MM/DD	120 120 11 11	7830 586 380 690	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INSELGIBLE TO RECEIVE SE RVICES IN IPRS.				
	R FOR MM/DD	21 120 11 11 8599	7830 586 380	ION OF PECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				
	R FOR MM/DD	21 120 11 11 8599	7830 586 380 690	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INSELGIBLE TO RECEIVE SE RVICES IN IPRS.				
	R FOR MM/DD	21 120 11 11 8599	7830 586 380 690	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INSELGIBLE TO RECEIVE SE RVICES IN IPRS.				
	R FOR MH/DD	21 120 11 11 8599	7830 586 380 690	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INSELGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 11 8599 8931	7830 586 380 690 517	ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT-NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM				
3404926	R FOR MH/DD	21 120 11 11 8599 8931	7830 586 380 690 517	ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT-NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM				
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 11 8599 8931	7830 586 380 690 517	ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT-NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM				
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 11 8599 8931	7830 586 380 690 517	ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT-NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECTPIENT, PROVIDER AND BENEFIT PACKAGE. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM		2415	14411	1199:
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 8599 8931 21	7830 586 380 690 517	ION OF PECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM				1199:
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 8599 8931 21	7830 586 380 690 517	ION OF PECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM		2415	14411	1199:
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 8599 8931 21	7830 586 380 690 517	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTIC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM		2415	14411	1199:
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 11 8599 8931 21	7830 586 380 690 517	ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ANTIC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM		2415	14411	1199:
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 111 8599 8931 21 21	7830 586 380 690 517 352	ION OF PECIFIENT, PROVIDER AND RENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND RENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	2415	14411	1199:	
3404926	R FOR MM/DD SOUTHEASTERN RE G MENTAL HL CUMBERLAND CO M	21 120 111 8599 8931 21 21	7830 586 380 690 517 352	ION OF PECIFIENT, PROVIDER AND RENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND RENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	2415	14411	11996	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
2404020		0500	61	DESTRUCTION OF CONTRACT				
3404930	JOHNSTON COUNTY	8599	0.1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	MNTL HLTHC			BENEFIT PACKAGE.				
				DANIEL I LIGHTON.				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE	16	78	743	665
				RVICES IN IPRS.	10	/0	743	000
		8621	1	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404931	WAKE CO HUM SVC	11	157	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
				_				
		8599	90	DETAIL NOT COVERED BY COMBINAT	30	453	1964	1511
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	88	DUPLICATE OF CLAIM-SYSTEM				
	1							
	<u> </u>		ļ					
3404932		0	0	AAA NO DAWA WO DEDODE AAA				
3404932	RANDOLPH/SANDHI	U .	U	*** NO DATA TO REPORT ***				
	LLS CO MH C							
		0	n					
			0		U	0	0	U
3404933	COURSES CREEN CR	8599	15	DETAIL NOT COVERED BY COMBINAT				
	SOUTHEASTERN CT			ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD			BENEFIT PACKAGE.				
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE	9	37	1215	1178
				RVICES IN IPRS.		3,	1210	1170
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	ONSLOW CARTERET	8329	65	CLAIM DENIED ATTENDING PROVIDE				
	BEHAV HEAL			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	64	DETAIL NOT COVERED BY COMBINAT	13	212	1262	1050
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
	<u> </u>	0.001	1.6	(0 protpromata trans tr-				
	<u> </u>	8621	16	60 RESIDENTIAL LEVEL III TREAT				
	1	1		MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.			1	
	1	1		FOR ADDITIONAL SERVICE.			-	
3404935	L	0	0	*** NO DATA TO REPORT ***			-	-
J-04533	WAYNE CO MENTAL		-	NO DRIB TO REPORT """			 	
	HEALTH CTR						 	
	1	1					 	-
	+	0	0				0	
	+	1			0	0	- 0	0
	1						 	
3404936	WILSON-GREENE M	8951	39	CLIENT ONLY ENROLLED IN AN INA			 	
	ENTAL HEALT			CTIVE POP GROUP. PLEASE CHECK			 	
		1		CLIENT ELIGIBILITY AND ENROLLM				
	1	1						
	1	8931	29	AMTNC INELIGIBLE TO RECEIVE SE	32	95	921	826
				RVICES IN IPRS.		33	72.2	320
	1	1						
		8599	23	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
								r — —
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				

PROVIDER	4	UTOU DON'T	water				TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF	PROGRAMMAN	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
				DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGECOMBE NASH	21	93	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		191		CLIENT ID NUMBER DOES NOT MATC				
		191	4	H PATIENT NAME	0	99	971	872
				R PATIENT NAME				
		8651	1	ONLY FOUR UNITS ALLOWED PER MO				
		0031	1	NTH				
				37.4.4				
3404938		0	0	*** NO DATA TO REPORT ***				
3404330	VGFW DBA RIVERS TONE COUNSE			NO BILL TO IMPORT				
	TONE COUNSE							
		0	0			0	0	0
						0	0	0
3404939	NEUSE MENTAL HE	8599	99	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
	ALIN CENTER		1	BENEFIT PACKAGE.				
			1					
	+	11	17	CLIENT NOT ELIGIBLE ON SERVICE	0	131	650	519
	+		1	DATE	0	131	650	519
	+		1		1			1
	+		1		1			1
		8622	13	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404941	DIME CO MILIDO CO	8599	130	DETAIL NOT COVERED BY COMBINAT				
	PITT CO MH/DD/S AS CENTER			ION OF RECIPIENT, PROVIDER AND				
	AS CENTER			BENEFIT PACKAGE.				
				DENELLI LIGAROL.				
		8329	96	CLAIM DENIED ATTENDING PROVIDE	19	393	793	400
				R CANNOT BE THE SAME AS	13	393	/93	400
				THE LMA				
		191	57	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404942	ROANOKE CHOWANH	8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
	UMAN SERVIC							
		8599	4	DETAIL NOT COVERED BY COMBINAT	1.6	20	1554	1500
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	14	28	1554	1526
		8599	4	ION OF RECIPIENT, PROVIDER AND	14	28	1554	1526
		8599	4		14	28	1554	1526
			4	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	28	1554	1526
		8599	4	ION OF RECIPIENT, PROVIDER AND	14	28	1554	1526
			4	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	144	28	1554	1526
			4	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	28	1554	1526
3404943	THEMADIF HOURS	21	4	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	14	28	1554	1526
3404943	ALBEMARLE MENTA		4 4 39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	28	1554	1526
3404943	ALBEMARLE MENTA L HEALTH CE	21	4 4 39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR	14	28	1554	1526
3404943		21	4 4 3 9 9	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR	14	28	1554	1526
3404943		21	4 4 39 29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR				
3404943		21 5404	4 4 39 29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD	14	28	1554	
3404943		21 5404	39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD				
3404943		21 5404	39	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD				
3404943		21 5404	39 29 28	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM				
3404943		21 5404	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD				
3404943		21 5404	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE				
3404943		21 5404	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE				
	L HEALTH CE	21 5404	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM AMINC INELIGIBLE TO RECEIVE SE RVICES IN IPPS.				
	L HEALTH CE	21 5404 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTNC INELIGIBLE TO RECEIVE SE				
	L HEALTH CE	21 5404 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM AMINC INELIGIBLE TO RECEIVE SE RVICES IN IPPS.				
	L HEALTH CE	21 5404 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM AMINC INELIGIBLE TO RECEIVE SE RVICES IN IPPS.				
	L HEALTH CE	21 5404 21 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM	46	138	1122	984
	L HEALTH CE	21 5404 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR				984
	L HEALTH CE	21 5404 21 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM	46	138	1122	984
	L HEALTH CE	21 5404 21 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR	46	138	1122	984
	L HEALTH CE	21 5404 21 8931 21	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO FR OV/FCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO FR OV/FCODE/TOS/DOS/MOD	46	138	1122	984
	L HEALTH CE	21 5404 21 21 8931	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM AMTHC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO PR OV/PCODE/TOS/DOS/MOD CLIENT NOT ELIGIBLE ON SERVICE	46	138	1122	984
3404943	L HEALTH CE	21 5404 21 8931 21	29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO FR OV/FCODE/TOS/DOS/NOD DUPLICATE OF CLAIM-SYSTEM AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM SEVERE DUPLICATE: SAME ATTO FR OV/FCODE/TOS/DOS/MOD	46	138	1122	984

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404946	FOOTHILLS AREAM	11	738	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	748	922	174
		23	5	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404957	TIDELAND MENTAL	8935	40	ASTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		8599	27	DETAIL NOT COVERED BY COMBINAT	49	107	322	215
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	17	DUPLICATE OF CLAIM-SYSTEM				